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Stable Ischemic Heart Disease

IMPACT OF CORONARY REVASCULARIZATION STRATEGY ON CLINICAL OUTCOMES OF PATIENTS WITH CHRONIC TOTAL OCCLUSIONS

Poster Contributions
Poster Hall B1
Sunday, March 15, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Traditional and Novel Risk Markers and Outcomes
Abstract Category: 26. Stable Ischemic Heart Disease: Clinical
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Background: Patients with coronary chronic total occlusions (CTOs) may be at high risk for developing cardiovascular events. We examined a contemporary unselected CTO patient cohort to determine the incidence of subsequent clinical events and the revascularization strategy impact.

Methods: We collected clinical and angiographic data, as well as subsequent clinical events, among consecutive patients who underwent coronary angiography at our institution between January 2011 and December 2012, and were found to have a coronary CTO.

Results: During the study period, 1,699 patients underwent coronary angiography, of whom 624 patients (36%) had at least one CTO. A CTO was present in 319 patients who did not have and 305 patients who did have prior coronary artery bypass graft surgery (CABG). Median follow-up was 26 months. Among the 319 patients without prior CABG, 62% received medical therapy, 22% underwent percutaneous coronary intervention (PCI), and 16% underwent CABG. Patients undergoing CABG were less likely to have congestive heart failure or prior myocardial infarction (MI). Mortality at two years was 14% and was similar among patients treated with medical therapy (15%), PCI (16%), or CABG (6%) (p=0.29). The two-year incidence of MI was 4%, and was also similar among patients treated with medical therapy (5%), PCI (2%), or CABG (1%) (p=0.25). Among the 305 patients with prior CABG, 84% received medical therapy, 15% underwent PCI. Mortality at two years was 17% and was similar among patients treated with medical therapy (17%), or PCI (15%) (p=0.74). The two-year incidence of MI was 4%, and was also similar among patients treated with medical therapy (5%), or PCI (0%) (p=0.65).

Conclusion: In a large unselected patient population, presence of a CTO was associated with high incidence of subsequent adverse clinical events, regardless of coronary revascularization strategy.